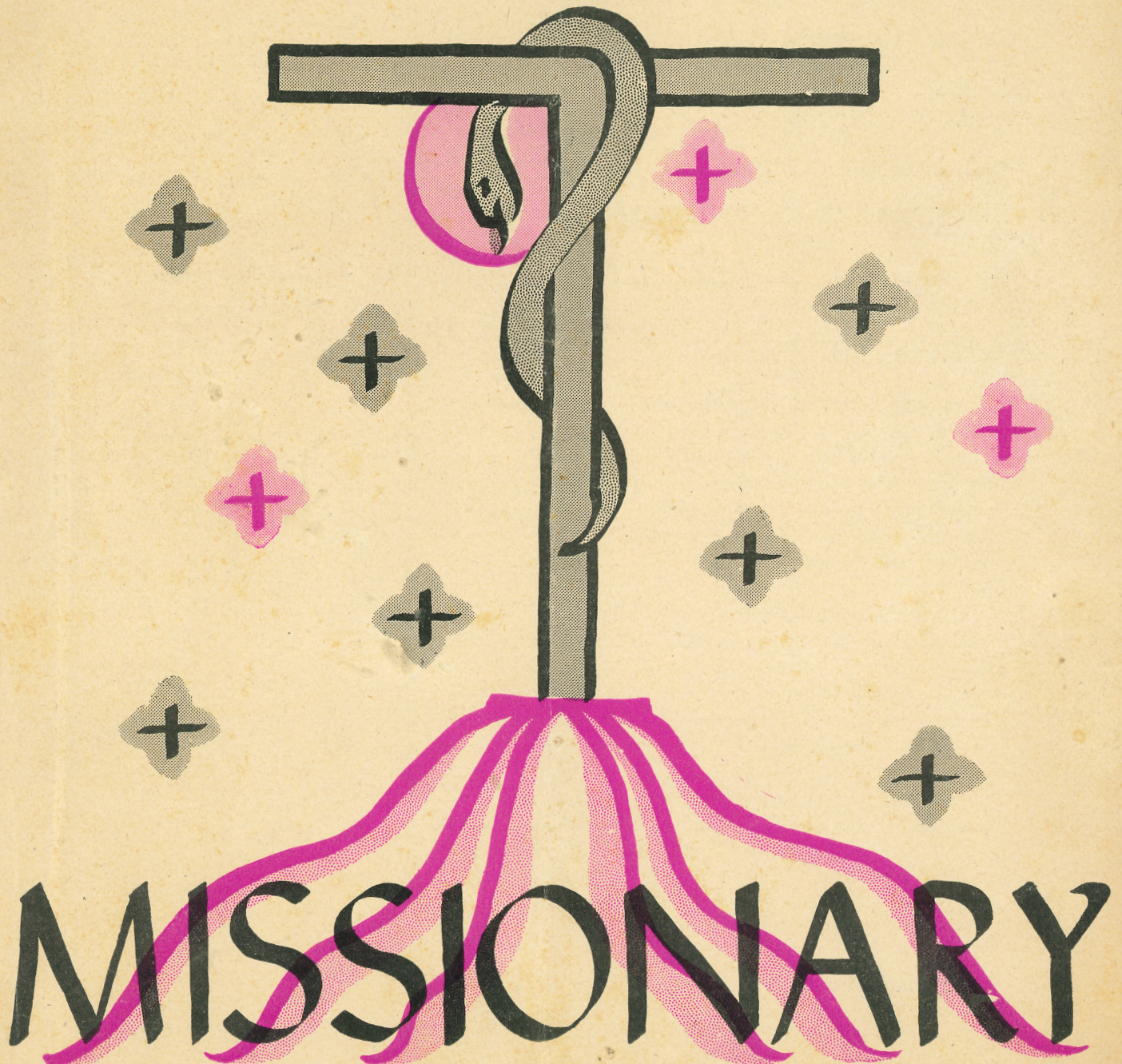


The MEDICAL



MISSIONARY

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ACROSS THE PAGES . . .

FATHER CUNNIE, who writes this month on "Our Lady, Cause of our Joy," is himself a participant in the Apostolate to the Negro citizens of our country. As the pastor of St. Elizabeth's Church in Philadelphia, he has the spiritual welfare of many of them very much at heart. With him we pray: "May Our Lady, Cause of our Joy, prosper the Apostolate to these, our own people."

"**CHINA'S HEALTH PROBLEMS**" is the title of a study by Szeming Sze, the General Secretary of the Chinese Medical Association and the Editor of the Chinese Medical Journal. It contains so much valuable information that, through the courtesy of the Association, we are printing excerpts from it in this and the following issue.

LETTERS FROM OUR SISTERS IN DACCA, BENGAL, INDIA, tell of the shocking conditions caused by the famine there. One of the sisters, Sister M. Pauline, R.N., is in charge of the administration of famine relief in a government emergency hospital. She gives first-hand information about the famine.

KAMLA KEPT HOPING . . . until it was too late. Her story is an old story—one of ignorance and trust in useless remedies. But the telling of it will, we hope, make you want to help us prevent its happening again, among the other Kamla's and Sheilawanti's of India.

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SISTER M. LOYOLA, S.C.M.M.
Editor

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CONCERNING EXPIRATIONS

The figures appearing on the address label of your magazine indicate the date of expiration. For example: 1-44 means that the subscription is paid to January, 1944. The first figure (1) indicates the month; the second (44), the year.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of D. C., and Houses of Postulate in studies in Brookland, Washington, England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

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"Cause of Our Joy"

by

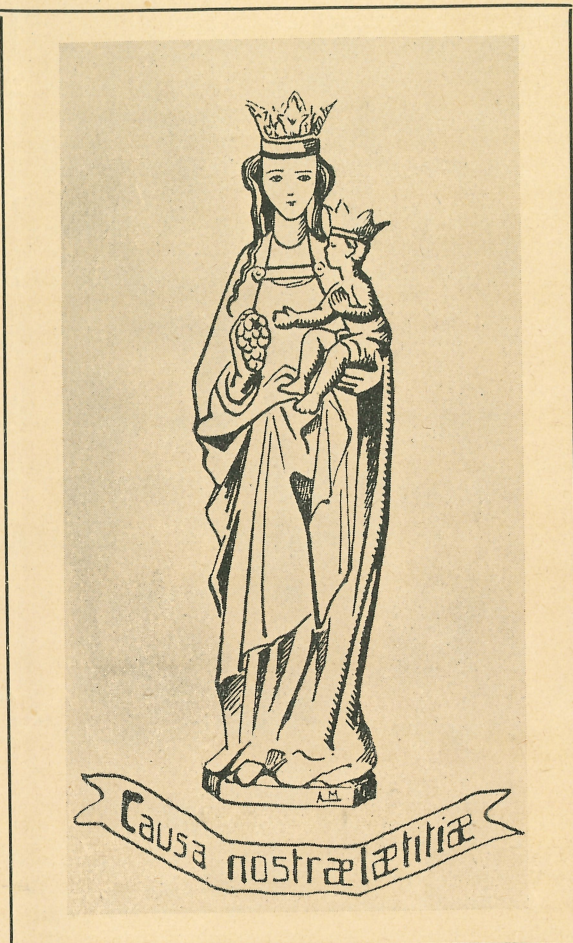
THE REV. EDWARD F. CUNNIE

Among Our Lady's titles listed in the Litany of Loretto stands one, often unnoticed, "Cause of our Joy." Her chief claim to that loving description lies, of course, in the fact that she brought to us, poor banished children of Eve, in this Valley of Tears, the Source of all Joy, the Infinitely Perfect Son of God Whom she clothed with flesh and blood, thus permitting us to regard Him as a brother.

In these days of world wide destruction and death many can find little reason for joy. There is so much of anxiety everywhere. Even in those who bear no visible wounds, who have not yet suffered any serious restriction of liberty or change in their usual mode of living, there is still a feeling of disquiet and a fervent wish that the war were over. We see much riotous pursuit of pleasure. We see people bent on having a good time. There is hilarity and disregard of convention and noisy revelry. People seem to be enjoying themselves in these various ways. But it is all an illusion. It is not real joy. Rather, it is a desperate attempt to avoid thinking; a frightened refusal to face facts; an effort to drown the self-accusing voice of conscience; a smoke-screen to hide the wreckage of man-made substitutes for Truth and Right and for God!

True joy is eternal. It is achieved when one has at last found Perfection. Our restless souls are never really satisfied with the imperfect, ever-changing things of this world. Nothing lasts here. Everything eventually wears out, and the weary quest goes on. Even if man doesn't know what he is seeking, he does know that he finds nothing truly satisfying in the material order. He doesn't find true, lasting joy. Only God is perfect and to know Him is to find true joy. That is why the saints were happy in the midst of poverty, suffering, misunderstanding, persecution and, most of all, in death. The world runs away from these things, fears them, hates them and seeks to escape them. If only the world could realize how non-essential are wealth, health, good esteem, comfort, ease and material pleasure, that to be really happy it is only necessary to know, love and serve God, what a different world we could have.

In this age of enlightenment and progress, when human knowledge and achievement seem to have reached their zenith, it is a startling fact that



(The above picture is reprinted through the courtesy of the White Sisters, Metuchen, N. J.)

OUR LADY, CAUSE OF OUR JOY, PRAY FOR US!

It is significant that the first shrine, north of the Alps, to be built in honor of Our Lady, should have been dedicated to her under the title, Cause of our Joy. The shrine, which dates back to the fourth century, is in the city of Tongres, in the province of Limbourg, Belgium. There in the church stands the statue, CAUSA NOSTRAE LAETITIAE, a copy of which we have reproduced here. Our Lady, holding the Infant Jesus on her arm, offers Him a cluster of grapes. The Child has taken one of them, for as we can see, He holds it in His hand, between His thumb and forefinger, while with the other He reaches out for more. Thus does the Infant reach out to the souls, brought to Him by His Mother.

many millions of God's creatures do not know Him at all, are only vaguely aware of His existence, or are the adherents of false religious systems which present a distorted notion of the Supreme Being.

Even in our own country, proud of its progress and liberality, we find that an overwhelming majority of its native-born colored citizens are not reached by the true Faith. Our Lady, Cause of our Joy, wants to give her Son to these, His people, as she does to all men. What a perversion of the Christian spirit is, therefore, the discrimination against these citizens because of their race. It is astonishing, in the light of past experience,

that the Negro is so forgiving toward his white neighbor and so little embittered and suspicious. Negroes make splendid Catholics. Catholic doctrine appeals to their good, common sense. They love the beauty of the church ceremonial and the sacraments bring to them true joy and happiness of heart even in their disabilities. May Our Lady, Cause of our Joy, prosper the Apostolate to these, our own people. May she assist and obtain wisdom for those who are trying to make her Son known among them in the way He wants to be known and served in the Church which He founded and guaranteed to last until time ends.

"Semper Avanti! A. M. D. G."

by

SISTER M. ELISE WIJNEN, S.C.M.M., M.D.

Throughout the first four years this has been the motto at Holy Family Hospital in Patna.

The train pulled into Patna Station about ten P.M. on Christmas Eve, 1939. It was late, as usual, but His Excellency, Bishop Bernard Sullivan, S.J., was waiting patiently on the platform, to meet the two Medical Mission Sisters who were to start a mission hospital in his diocese. Not a coolie was in sight, so the Bishop himself jumped into the compartment and bundled suitcases and brown paper parcels out of the door in short order. Then he got down to business: "Come along, Sisters," he said, urgently. "A poor family is expecting you. They have been waiting all day to see you."

"A poor family," thought Sister Laetitia. "What for, at this time of the night? And no medicines with us!" But they followed their guide without a word, wondering if that might have been a twinkle they had seen in his eyes. The twinkle was unmistakable as the Bishop unlocked the door of the "Old Cathedral." It was a perfect setting: Mary and Joseph, with the Infant Jesus in His crib, waiting to say "Welcome to Patna!"

After that, what else was there to do but to call the new venture: Holy Family Hospital, No. 2? And so the old historic Padri ki Haveli, the Garden of the Fathers, started as a Catholic mission in 1772, took a new lease on life and became the first Catholic hospital in Bihar. Actually, the foundations of this place go back as far as 1926, when Father James Creane, Santal Jim, as they call him, fired the enthusiasm of our one-year-old Society and extracted the promise that the Medical Missionaries would come to Patna as soon as possible. These patient and energetic Jesuits never lost faith,

despite the long delay. They know the need of a Catholic hospital, both for their own Christians, the Santal aborigines and low-caste Hindu converts, and for the immense masses of poor and neglected that throng the native bazaar.

The First Hundred Years Are The Hardest.

So the sisters quite literally rolled up their sleeves and went to work. Fortunately it was cool and pleasant, being in the middle of the Bihar winter, the best season of the year. Their work was the cleaning of the compound, adjusting and equipping the buildings until a real hospital should result. In India, and particularly when it has to be done on a shoestring, such an undertaking takes time and more time. Painting and whitewashing alone took over two weeks! Then there was the shopping: "Twenty yards of curtain material? Ach-chha!" and down come the bolts from the back of the little open shop, while the proprietor squats in the front and charges exorbitant prices to these Memsahibs. But he soon discovers that he is not dealing with greenhorns, and after much haggling and parleying, sometimes a compromise is reached.

The hospital is surrounded by the native bazaar, like a small green oasis in a desert of squalid brown houses and tiny shops. The long narrow road is always choked with carriages, pedestrians and animals, cows, goats and buffaloes, with an occasional string of bell-tinkling elephants for good measure. The people, mostly Hindus and a few Mohammedans, live closely packed together, in a poverty altogether incredible to western minds. As soon



as the dispensary was opened they came filtering through; large sores crusted with mud and cowdung, eyes plastered shut with pus, racking coughs, were but a few of their many ailments. No use giving them a bottle of medicine, they have no spoon to measure out a dose nor would they remember how and when to take it. But they come daily, and sit on the little verandah, until the Sister has time to attend to them, one by one.

Angel Children!

Three months afterwards the first baby was born in the hospital. She proved to be our good "Angel," as she soon came to be called by her fond foster-mothers, for her own mother was insane and unable to care for her. So she grew up in the nursery, the pet and plaything of all, fat, placid and always smiling! Then other babies started to invade her domain, and in a short time the small room was filled to overflowing. Babies, sick, abandoned, rescued from a watery grave by the police or a passerby, or simply left in the hospital like unwanted parcels, one after another they clamored for a place in the sisters' home and hearts. Many of them winged their way up to Heaven, as is the custom of these tiny mites, but some stayed to grow up into sturdy miniature Christians, the pride and joy of their adopted parents, childless Catholic couples from all over the diocese.

"Patients with kala-azar, typhoid, malaria, dysentery, cholera, tuberculosis, they came and filled the wards, the rooms, and finally the verandas. . . ." This woman was carried in from a distant village on a "palki."

The old Cathedral—monument of two centuries of mission work in Patna.

Neither did the hospital lag behind. Patients with kala-azar, typhoid, malaria, dysentery, cholera, tuberculosis, they came and filled the wards, the rooms and finally the verandahs. Babies were born, operations increased, and the dispensary grew by leaps and bounds. Poverty, ignorance and malnutrition proved to be serious handicaps in the cure of these patients. They simply cannot and will not cooperate. Even the Christians, sent in from outlying missions at the personal expense of the Fathers, are apt to run away if the treatment is painful or prolonged! Patients and more patients, patience and more patience! The growth of the hospital was so startling that the Jesuit carpenter shop could not keep up with it. No sooner had they finished twenty stools and bedside tables and an operating table and dispensary benches, when another order would come in for more and more of everything! By the middle of next summer the patients were sleeping on the ground, and the sisters and nurses were simply falling over each other in their cramped quarters.

The House That Jack Built

So the building season started. First, the old Cathedral, that monument of two centuries of Catholic work in Patna, was divided up and parcelled out into cells and dormitories for the sisters and nurses, while the chancel was walled off for a chapel. Then the hospital premises had to be enlarged, and Rev. Father F. Loesch, S.J., offered to build a second story for the sisters. This took four months, the coolies and mistries (carpenters) crawling over each



other, shouting and singing despite the broiling sun. It was finished in July 1942, and the wards were put into use before the cement could dry! It looks like a real hospital now, a long rectangular grey building, running parallel with the street and facing the **maidan** (lawn) on the inside, its gracefully arched verandahs and cheerful green paint adding not a little to its appearance. The wards are wide and airy, the beds clean and comfortable, the nurses always ready for work . . . no wonder the patients come flocking in!

But that is not all. By the end of 1942 the living quarters became impossible cramped, and again Father Loesch, S.J. came to the rescue. Despite war and the scarcity of materials (The **mistri** scoured the bazaar for nuts and bolts!) they managed to raise a creditable nurses' home, dormitory style. This really finishes the compound. The next move will be to larger premises, because there isn't a square inch of space left! Yet the dispensary sisters are treading on each others' heels, the men's ward is inadequate, the kitchens are getting smaller and smaller and smaller . . . the more you get, the more you want! But satisfaction is stagnation in India, so "Semper avanti, A.M.D.G."

I Don't Like To Work.

All these changes and expansions have left us rather breathless, the more so because many internal upheavals accompanied them. First of all, there was the servant problem. We started out with Jahan, the man of all trades and no work. He could waste time better than an American playboy, if there are any of that species left! Send him to the bazaar for a maund of rice, and that was the last you would see of him for the rest of the day. Then the empire of the Doms began. These outcastes, the lowest of the lowest and the poorest of the poor ("They have to reach up to touch bottom!") were interested in two soup plates of rice a day and a nice dry hut to sleep in, but as one frankly expressed it: "I don't like to work!" Soon they had to be given up as hopeless. And then the Santali girls came, saw and conquered. They are still here. Together with a Hindu cook, a set of aged sweepers and a willing **mali** (gardener) they do all the work of the house and hospital: kitchen, serving, dish-washing, cleaning, sacristy and babies. Their population is very fluctuant, as few Santalis can stick to anything for more than a year, but at least they are clean, willing and cheerful.

The student nurses would have been even more of a head-ache, if it were not for the Indian sisterhoods. Nursing is still looked down upon in this part of the country, but these little Indian sisters and postulants have jumped in and tackled the work like real missionaries. The work is hard for them, as their schooling is barely eighth grade and the heat is by no means conducive to study. Yet they are carrying on and the patients like them immensely. They are the hope of the future and the pride of the mission. To see them sitting



A lesson in anatomy on the Cathedral steps

on the Cathedral steps, brandishing a bare tibia as they explain to each other the intricacies of anatomy, brings many a smile to our faces.

Lock The Gates!

Then came the day when we nearly lost everything so laboriously built up, the twelfth of August, 1942, when we flew the nationalist flag on our Old Cathedral! Mahatma Gandhi, Pandit Nehru and several other leaders had been arrested on the eve of the civil disobedience movement, and the Congress men made an attempt to seize Patna. A great crowd came to the hospital and planted the Congress flag on the top of the cathedral. Looting was imminent, but was avoided by the firmness of the Sister at the gate, the decency of the leaders of the mob, and the frantic prayers going on inside! Then anxious days followed. Communications were cut off, telephone wires cut down, roads torn up and barricaded. No news came in, no priest could get through for Holy Mass, there were rumors of looting, burning and derailed trains. Shooting, shouting and noisy parading went on all around us, day and night. Nurses and patients, Indians all, shivered as much as the sisters!

Finally, two days later, **mali** came racing up the garden, his eyes almost popping out of his head. "Sisters, Sisters, lock the gates. The British soldiers are coming, trucks full of them!" And so they were, a battalion, working to clear the road and re-establish communications. They had been without sleep for two or three nights, bearded, weary and plastered with mud; they thought they were seeing things, to find white women down in the congested bazaar. They looked; they blinked; they looked up at the Congress flag waving merrily in the breeze; and back again at the American

sisters. Then they gave up!

* * *

And so the work goes on, busy or quiet, merry or anxious, flourishing or worrying, but onward just the same. Patna's Holy Family Hospital has a future as bright as any, but the achievement will depend largely on the help from home. The people are too poor to support their own hospital. That they do appreciate the services offered is evident in the ever-growing census: over 1,200 admissions in 1942 and over 12,000 dispensary cases. The sisters are doing all they can, but they themselves look with expectant eyes for the aid that must come from America . . . *Semper avanti*, A.M.D.G.!

*"If you think virtue has languor
Just try it and see."*

—G. K. CHESTERTON.

ANNUAL REPORT

HOLY FAMILY HOSPITAL IN PATNA

Admissions	2,000
Out-patients	16,812
(of whom 4,253 were new)	
Daily average:	
Admissions	49.25
Out-patients	53.88
Operations:	
Major	114
Minor	472
Deliveries	287
Baptisms	182

A Survey of China's Health Problems

A few months ago His Excellency, Bishop Yu-Pin called the attention of our readers to the grave necessity of providing medicines and funds for medical relief to the suffering millions of China. The more we learn about China's needs, the more we realize that our alliance with her 450 million people is not just an alliance of arms. It is an alliance in charity too, a charity which not only gives, but seeks to understand the people and the conditions under which they live.

In a recent study published by the Chinese Medical Association in Washington, D. C., Szeming Sze, the General Secretary of the Association and the Editor of the Chinese Medical Journal, has analyzed the health conditions in China and the prospects for improving them. Through the courtesy of the publishers we reprint the following excerpts from his study: CHINA'S HEALTH PROBLEMS.

* * *

THE SCOPE OF CHINA'S HEALTH PROBLEMS

The vastness of China's population, while it may be a source of national strength as a wartime

reservoir of manpower, is from the point of view of national health, more of a handicap than an asset. Measured in terms of a population of such large size, the great number of illnesses and deaths to be treated, especially when existing medical facilities are inadequate, serves to magnify the nation's health problems.

Taking the population as 400 millions, a morbidity rate of 4% means that there are some 16 million persons sick on any one day. A death rate of 25 per 1,000 of population means that no less than 10 million persons die each year. These morbidity and mortality rates are double those of such western countries as England and Germany which have long had the benefit of modern medical facilities. Any death rate of over 15 per 1,000 of population is generally regarded as excess. On this basis China has some four million unnecessary deaths each year.

If we analyse the causes of death, we find that probably three-fourths of these unnecessary deaths may be attributed to the increased incidence of gastro-intestinal diseases, pulmonary tuberculosis, and the infectious causes

of infant mortality (tetanus, smallpox, diarrhoeas). The immediate problem then is on the one hand to control the causes of the excess mortality of four million a year, and on the other hand to provide the necessary facilities for the daily treatment of 16 million patients.

Unfortunately, to meet these high rates of sickness and death, the available medical facilities are most meagre, due to the fact that modern medicine in China is of comparatively recent growth. In the whole country there are only 12,000 doctors and 38,000 hospital beds. The following medical standards have been suggested by authorities in the U. S. A.:—

1 doctor per 1,500 of population.
5 hospital beds per 1,000 of population. On this basis China would have:—

266,000 doctors,
2,000,000 hospital beds.

With twice the incidence of disease, China should need twice these minimum standards, but balancing this is the fact that probably half the population still rely exclusively on native medicine.

Besides the meagreness of the existing medical facilities, the dis-

tribution of these facilities unfortunately has been most uneven. Practically all hospitals and doctors are concentrated in the large cities, leaving the rural areas, where 84% of the population live, virtually without modern medical facilities. This 84% of the population, living in the rural areas, represents the poorest and most backward sections of the people. As they are wholly incapable of paying for any private medical care, the government has undertaken to provide the necessary medical and health facilities under state auspices.

While the long-term solution of China's health problems must be dependent on a great number of other factors, viz. the raising of the standard of living, the development of education, the improvement of communications, and the betterment of social and economic conditions, considerable progress has been made in tackling these problems and it may be fairly said that the necessary experimental stage has already been completed and the foundations for the future national health system have been firmly laid.

STATE MEDICINE

For 84% of the population who live in the rural areas and are incapable of paying for private medical care, it is generally agreed that the only solution of the problem of their medical care is state medicine. For the remaining 16% who live in the cities, where the private practitioners invariably reside, there is as yet no prospect of the state monopolising medical care. It is probable that, though there may be increasing control of private practitioners, no attempt will be made to force a policy of state medicine in the urban areas while there is still a demand on the part of the public for the services of private practitioners.

The national health system was originally planned as a network of hsien health centers grouped around a series of provincial hospitals, and was based on the government's policy to organize each province into units of local government according to hsiens (dis-

tricts).^{*} Each district was made up of four or five counties (ch'u), which in turn each consisted of twenty or so villages.

On this basis, taking an ideal province of 100 hsien, there should be in such a province 100 **hsien health centers**, each with 20-40 beds for emergency cases. Feeding such health centers would be four or five sub-centers in each of the counties. Each sub-center in turn would be served by health stations in each of the twenty or so villages within the county, while for smaller units such as boroughs comprising about 100 families, there would be individual health workers.

The 100 hsien health centers would act as "feeders" for, say, 20 **provincial hospitals**, each of which would serve about five hsien health centers, and would be a well-equipped general hospital of 100-200 beds. In the provincial capital there should be a **provincial medical center**, essential units of which would be a first-class hospital of 500-1,000 beds and a medical college, with all necessary facilities for the training of provincial medical and technical personnel and with the most specialized diagnostic equipment.

While the basic unit is the hsien, the hsien health services being an integral part of the hsien government, the provincial health administration has certain supervisory and auxiliary functions, including the training of personnel, provision of hospitals, special diagnostic and consultant services, and research facilities. Over all is the National Health Administration, which supervises and coordinates the provincial health administrations, the directors of the latter being nominated by the National Health Administration. Through its organ, the National Institute of Health, the National Health Administration undertakes the higher training of personnel and the necessary research work which enables the national health program to be planned. And, through its National Epidemic Prevention Bureau, Central Narcotics Bureau, Central Drug Factory, and Surgical Equipment Factory, it supplies the necessary

vaccines, sera, narcotics, medical supplies and equipment for all health services.

Judged by western standards, the above plan of hsien health centers and provincial hospitals can only be regarded as an intermediate goal, as it represents only one-fifth of what the ideal should be (calculating on the number of hospital beds which would be provided). However, considering that the existing facilities are only about one-fiftieth of the ideal, the immediate goal of one-fifth is a practical basis for immediate national planning. . .

The expansion of health services is limited by the funds available. The total of government allocations for health work in 1936 (the last normal year before the outbreak of the war) was 10,816,275 yuan.^{*} This was only 0.7% of the total budgets and represented an expenditure of only 0.027 yuan per capita for health purposes.

Progress in the future, then, is dependent on the realization by the authorities of the need for making much greater provision in their budgets for public health. With the provision of larger health budgets—preferably fixed as a minimum percentage of the total budget to, say, 8%—it will be possible to push a program for the establishment of a health center in each of the hsiens at present without health centers. In the Constitution of the Republic of China there is a provision that educational appropriations shall constitute not less than 15% of the central government budget and not less than 30% of the provincial, municipal and hsien government budgets. Some such principle should be established for governmental appropriations for public health. . .

(To be continued)

^{*}Sometimes **hsien** is translated as 'county' and **ch'u** as 'district'; the translation here adopted is that found in the semi-official translation of the constitution of the Republic of China.

^{*}In 1936 one **yuan** was worth about 30 U. S. cents, and had depreciated to being worth about five U. S. cents by 1941.



(Acme Photo)

Starving women and children stuff the free cereal into their mouths with their hands. But there is not enough food to bring their emaciated bodies back to normalcy.

Famine in India

Letters received from our sisters in Dacca, Bengal, India tell of the shocking conditions caused by the famine there. A letter dated October 24th reads as follows: "The situation in Bengal is becoming worse, daily starvation. The emergency hospital (originally built to accommodate civilian casualties from the Burma campaign) has been enlarged to 150 beds. It is full of starvation cases. There are 335 patients in a place with 150 beds. You can picture the place, and the work, under such conditions. Just now an additional building on the opposite side of the Mitford Hospital is being put in order for more starvation patients. There will be 100 beds in this building and our sisters will be in charge of this also!"

Another letter, written on the

same day, reads: "It is truly a paradox that one of the biggest rice growing provinces should be suffering from starvation! Rice can be bought for 80 rupees a maund. That is just as if a bushel of potatoes cost 80 dollars, with the difference that rice is, of course, the staple food! All grains are practically unobtainable. Thousands have already starved to death."

"The government is trying to remedy the situation, but results are slow. Both in Calcutta and Dacca existing hospitals have been filled with starvation cases. All emergency hospitals have been utilized and more are being opened as fast as possible to cope with the situation. Whole families have been wiped out in our hospital alone. Often you find a mother

beside her, not knowing what it is all about. Many children have been left orphans and both the Hindu and the Moslem communities are starting orphanages to save some of the children.

Sister Marie Estelle of the Holy Cross Sisters and four Bengali sisters have charge of a 70-bed hospital in Naranyganj. We have the Mitford and the Emergency Hospital here. They are starting another hospital in a building on the Medical School grounds, which we will have also. An unused hospital building, National Medical Hospital, is being opened for 300 beds. Everyone is putting forth the utmost effort to care for these starving people. . . .

"In addition the epidemics are right on top of us. Cholera, small-

pox, dysentery, malaria, beri-beri, T.B., anemia, all are very prevalent. And there is the Burma situation hanging over our heads . . ."

Writing again on December 5th, the sisters tell us: "Famine relief work is still peak high. Our admissions are always over double our quota of beds. Three and four babies are put in one bed.

"A few days ago a woman was brought in unconscious, with a little baby boy of about two clinging to her. She died during the night and the poor little chap cries and cries. He cannot understand what it is all about. Besides, he has developed pneumonia, just as so many others have done. The secondary diseases, following in the wake of starvation, are causing more and more havoc now. The smallpox patients are being brought in in great numbers. Of course, all these people carried in from the streets are in a frightful condition, but we have developed a proper system of scrubbing and bathing before putting them to bed. In the beginning, two months ago, they came in so rapidly that we were not able to give everyone a cleaning up on admission, so that at times 'live stock' was

cut off a large percentage of India's rice supply (one million and a half tons of rice were imported yearly from Burma); the concentration of the armies of the United Nations in the province of Bengal. Evidently the Provincial Government and the Government of India did not foresee nor forestall the critical consequences of these factors, as food continued to be exported until famine was unavoidable. We also learned that another important cause of the famine lay in the unwillingness of the local grain dealers to sell their products at the ceiling prices fixed by the government.

* * *

Reports from the India Famine Relief Committee in New York City estimate that **ONE MILLION PEOPLE HAVE STARVED TO DEATH IN BENGAL, ALONE.** Quoting from the Manchester Guardian Weekly of November 26th, the same release reveals that a large number of Indian peasants have been forced to sell lands and other properties, including vessels and even the roofs of their huts, for the purchase of rice. There is, moreover, a scarcity of agricultural labor for the harvesting of the winter crop, due to the deaths and the prevalent epidemic diseases. The Committee has received word that the government has learned from official sources in India that **the abnormal misery produced by the famine will last at least a year for several million people and that it is very desirable**

that America send all the aid possible.

Despite the duress of war and the suffering of her own people, China has already sent one million rupees to the stricken areas of India through her Indian Famine Relief Committee. The British Government has organized and subsidized hospitals, free kitchens, and other relief measures. The Irish have voted a large sum to be distributed in India under the Irish Red Cross; here in America the India Famine Relief Committee, with headquarters in New York City, has put on extensive relief campaigns. The Catholic Bishops of the United States, through the Bishops' War Emergency and Relief Committee, have allocated a substantial sum for the aid of the victims of the famine. The money has been sent to the Most Rev. Ferdinand Perier, S.J., Archbishop of Calcutta.

In an address given in Calcutta on December 21st, Field Marshal Viscount Wavell, Viceroy of India, declared that India's food problem was "one for the whole world." For us, Catholics, we know that it is not only a "problem" for the whole world; it is more than that. It is Christ starving a thousand, a million times over and over again, in His people.

We urge our readers to contribute as much as they can to relieve the starving people of India. Any contributions you can send us for this cause will be gratefully received.

* * *

The famine may be attributed to a combination of factors. Among them are: the ravages of the autumn cyclone of 1942, which lessened the production of rice in Bengal from ten to twelve per cent; the fall of Burma, which

One million people have starved to death in India; throughout the world, half a billion, perhaps one-fourth of the earth's population, have not enough to eat . . .

About three thousand years ago, when there was a famine in the land of Chanaan, the people of God went into Egypt to buy corn. And Joseph, the governor of the land and their brother, opened the barns of Egypt and filled their sacks with grain, out of the provisions that were in his keeping . . .

Centuries later, another Joseph, the carpenter of Nazareth, sweated and toiled that the Son of God and His Mother might not suffer from hunger and want . . .

Today, we go again to Joseph in behalf of the millions of our brothers who are starving. They are in his care, they are his foster-sons in Christ . . .

St. Joseph, guardian of Jesus and Mary, intercede for them with the Father; help them, you, who are the Lord of His household and the Keeper of all His possessions . . .

Kamla

by

SISTER M. ALMA LALINSKY, S.C.M.M., M.D.

"Give you permission to cut off my daughter's leg? Never!"

Such was Kamla's retort when the news about her daughter, Sheilawanti, was gently broken to her. But let us go back to the beginning of the story, sobbed out the day before.

Kamla had been left a widow years ago, when a sudden "fever" had snatched Ram Lal, her husband, from her side, leaving her with tiny Sheila and practically nothing of earthly goods. The meagre savings vanished all too quickly. She was forced to strain all efforts to keep the two of them clothed and fed. This was very hard, because people did not want a servant who had the burden of a young child. Nor could she take in family washings; in India such work is relegated to the men. But she had been very skillful at sewing, so she resumed this work and tirelessly plied her needle from one end of the day to the other, managing somehow to eke out an existence for Sheila and herself.

Eventually the child was old enough to go to school, so Kamla sent her to the mission, where the child made remarkable progress and won the hearts of her teachers and companions with her charming ways. Time hurried on, and at long last came the day when her schooling was considered at an end and she was an educated young lady of fifteen with good prospects of making a suitable match. Already negotiations were in progress between the girl's mother and the parents of a promising young clerk. Sheila looked forward to her marriage, for then her mother would have surcease from her work. But such are the "plans of mice and men."

Just a month ago, the girl noticed a swelling and then a nag-

Lack of sunshine and proper nourishment has caused this woman to become bent over with osteomalacia. With her is Sister M. Alma.



ging pain in her left knee. Thinking it was only a bit of rheumatism, her mother applied a little oil, rubbed it in well, and thereby only increased the pain. The swelling grew larger, the pain more intense, so they visited a few **hakims** in the bazaar, with no benefit. Sheila did her best to hide from her mother the pain which these excursions to the bazaar caused her. Finally, in the course of this shopping around at various dispensaries, mother and daughter came to our hospital. One could see at a glance that this was no simple ailment. X-ray revealed it to be a malignant bone tumor, one which had grown rapidly and which would make even more rapid advances during the next month unless prompt action ensued.

With immediate amputation she had a good chance; otherwise it was hopeless. And so I broke the news to the mother. She was incredulous. She would not consent. A crippled daughter or a dead one? Cripples inevitably become beggars in this land. How could she sentence her darling daughter to

a beggar's existence? "Meri kismet hai, meri kismet hai," (It is my fate.) she kept reiterating. No amount of persuasion or explanation could convince her that anything short of amputation would be beneficial. She half believed me, and yet hoped that I was wrong. Hope dies hard in these people. After much indecision and many consultations with various neighbors, she finally decided to go elsewhere for the magic medicine or magic touch that would work a miracle. Off she went with her precious charge.

And what became of her? A few months later one of the old neighbors dropped in; she told us all about it. The mother had taken the girl to another hospital after she left ours and there the same diagnosis was given and the same treatment advised, but again Kamla refused to hear of it. She took her daughter to a distant village near a mountain and kept applying useless local remedies, while day by day the girl grew weaker. About a month after their arrival an epidemic of cholera broke out in the village and Sheilawanti was

one of the victims. The mother escaped but was inconsolable after the death of her daughter. She refused to eat or drink and shortly followed Sheila. The village **hakim** had said that Kamla's heart **fail hoyaga** (failed), but the neighbor knew better; Kamla's heart had not failed, it had broken!

"Hospitals offer splendid opportunities for presenting the Gospel message in word and deed. They represent Christianity in action, and this is something that all classes understand and appreciate."

—BISHOP THOMAS POTHACAMURY,
Bangalore, South India.

The Mission Clipper

CATHOLIC POPULATION OF INDIA

According to Father J. C. Hoopert, Jesuit statistician, India today has more than four million Catholics. His figures are: India, 4,055,151; Ceylon, 445,698; Burma, 139,832.

The Catholic population in India has increased by 33 per cent in the past ten years, while the general increase in population was 15 per cent.

* * *

WHITE FATHERS IN WEST AFRICA

In West Africa White Father missions are established in French and British territories. Father McCoy, the present American Superior, has gained world fame as one of the initiators of the mass conversion movement among the people of the Dagari tribes. Father Bordeleau has followed in the footsteps of many a White Father when during the past summer he had printed a catechism for the people of the Northern Territories of the Gold Coast. This is the first publication ever to be printed in the written language devised for those people by the White Fathers . . .

The most important work of the White Fathers of Africa, however, is the training of African priests. . . . The Church in Africa will not be a strong Church until there is a numerous African clergy. It is

a recognized fact that "the most vital factor in missionary activity is not the number of converts, but the formation of a numerous and solid secular and religious clergy." In 1941 there were 222 African priests and one African Bishop in the White Father missions. Today the missionaries staff six major seminaries where young African boys are being prepared for the priesthood.—From **White Fathers Missions**, December, 1943.

* * *

IT HAPPENS IN THE U. S. TOO!

You may be surprised to learn that in New Mexico health practices are often guided by medieval traditions and superstitions. These beliefs range from such matters as credence in the Evil Eye to faith in incompetent midwives and curanderos (herb doctors)—to say nothing of homely remedies, potent medicines, and general ignorance of modern health practices. Many of these people still live in the 17th century, insofar as matters of health are concerned. It is easy to understand why this is so. Modern health standards were developed in Western civilization **after** these people went into isolation. When the Spaniards came into New Mexico in the 16th and 17th centuries they came with the beliefs and standards of that time. Since then they have had no opportunity to learn of new developments in that

field. They have, perforce, continued practicing the only standards they know. It is not at all remarkable that, being so far behind the times in health knowledge, these people should lag behind current trends in health status. Indeed, it would be remarkable if they did not. What is startling is that so little has been done to improve these conditions.—George I. Sanchez in **Forgotten People**, the University of New Mexico Press, 1940.

* * *

IN TRIBUTE . . .

The International Missionary Council (of the Protestant Churches) has lost a great leader in the death of William Paton, Editor of **The International Review of Missions**, and an outstanding personality in Protestant missionary work and the movements towards inter-confessional cooperation.

In tribute to Mr. Paton we quote from the January issue of **The International Review of Missions**: ". . . He devoted his whole life and all his powers to serving great causes. One of the finest things about him was his selflessness. He thought in large dimensions: international, interracial . . . He comprehended great issues. He had developed a great tolerance. Recall his aggressive attacks on anti-semitism. Think of his identification with the cause of the untouchables. He believed that the only path of progress lay in the

fearless facing of difficulties and in believing in a Truth which transcends them . . . ”

* * *

LAITY AND MISSIONS

In the section entitled, “The Roman Catholic Church,” the **International Review of Missions** (January issue) notes that the theme of the **Catholic Missionary Year Book of Switzerland for 1943** is: “the laity and missions.” According to the **Review**, the **Year Book** “not only surveys indigenous lay service in various parts of the world, but appraises the expatriated European, engaged in commercial or other secular enterprises, both as an asset and as a liability to the spiritual life of the community.”

And the note continues, “the challenge is to much closer identification with the young Christian culture in contact with which he spends perhaps the greater part of his working life, and

to a willingness at least to modify the affiliations with older ties which often prevent his regarding himself as anything but a temporary (and therefore unstable) element in the new outgrowth of Christianity in the midst of which he is living. It is a situation which reveals a particularly suggestive aspect of the obligations of ‘Catholic Action’ which cannot but interest all churches and missions concerned with the building up of a strong Christian community in an inter-racial milieu.”

* * *

THE HIGHEST DEATH RATE IN THE WORLD

The level of health in British India is indicated by the average expectancy of life—27 years. It is estimated that only 19 per cent of the Indians live to be over 40. Barely half the children reach the age of 10; three million babies die every year before reaching the age of three.

Most of these deaths are due to preventable diseases such as malaria, smallpox, cholera and dysentery. India has the highest death rate in the world, twice as high as the United States, where it is 11.2 per thousand population.

R. I. P.

Please pray for the souls of
Sister Mary Edward, Cornwells, Pa.

Sister M. Justina, Baden, Pa.

Dr. Carl F. Schaub, Chicago, Ill.

Mr. William Lynch, Geneva, N. Y.

Mr. John Tracy, Conshohocken, Pa.

Miss Catherine Callahan, Annapolis, Md.

May their souls and the souls of all the faithful departed rest in peace. Amen.

News from Home and Abroad

RECEPTION AND PROFESSION AT THE MOTHERHOUSE

The Feast of Our Lady of Lourdes, February 11th, was a day of special rejoicing at our Motherhouse in Fox Chase, when six novices made their first profession as Medical Missionaries and three postulants received the habit of the Society. Those who made their vows are: Sister M. Felicia Paulus, Chester, Ill.; Sister M. Juliana Matyi, Lorain, Ohio; Sister M. Stephen La Bombard, Manchester, N. H.; Sister M. James Conahan, Bethlehem, Pa.; Sister M. Luke Duckgeischel, Santa Clara, Calif., and Sister M. Joseph Watson, Woodside, N. Y. The following were received into the novitiate: Miss Helen Beatrice Zweber, North Leipzig, N. D., in religion, Sister M. John; Miss Marie Elizabeth Lischwe, Brink-



These sisters made their profession on February 11th. They are: Standing (left to right) Sisters M. Felicia, Luke, James Stephen and Joseph; Seated: Sister M. Juliana.

town, Mo., Sister M. Boniface, and Miss Kathryn Florence Jobson, Louisville, Ky.; Sister M. Christine.

The Rt. Rev. Msgr. Thomas F. McNally of Jenkintown, Pa., presided at the ceremony, assisted by the Rev. John P. Lynch, C.S.C. The sermon for the occasion was preached by the Rev. Hilary J. Paszek, C.S.C., who also conducted the eight-day retreat preceding the profession and reception. The Rev. Louis Forgeng of Sunbury, Pa.; the Rev. Michael Ivanko of Lorain, Ohio, and the Rev. Edward Murphy of Holmsburg, Pa., were also present in the sanctuary.

In addressing the parents, relatives and friends of those who participated in the ceremony Father Paszek said:

"My dear friends, thank God for the grace you are receiving for having sacrificed your daughter or sister. Yet, when you consider

it from a logical point of view, the sacrifice is not great. These women are going forth to serve Christ in the sick and abandoned. How many millions of parents in this country have been forced by law to give up their sons. How many millions of your sons, friends, relatives, are in the armed forces. We know that they go forth to defend their country, but in defense of country they must shed blood. These sisters, or those who are to be sisters, Medical Mission Sisters, they do not go forth to shed blood, but they go to give life—and not only the natural life, but especially the life in Christ, because their purpose in taking care of the sick is to show the way to Christ, to show the people what the love, the tenderness, the mercy of Christ means in the life of every human being.

"Thank God, my friends, that

you have the courage to consent to your daughter's going away, to consent to the sacrifice. You may be sure that Almighty God will bless you. It is a sad commentary on Catholic life that there are many fathers or mothers who object to such a sacrifice. They desire to keep that daughter at home. They do not wish to be generous or give up that which is nearest or dearest to their hearts. But you, my friends, belong to those Catholics who realize that this belongs to God and is most holy to Him. He will reward you in this life by the peace begotten of the knowledge that you have done some service for the poor, the sick and the underprivileged. May God bless you for the sacrifice and may you never regret it. May these sisters and those who are to become sisters by their prayers obtain for you all the graces you need in this life and a happy eternity. Amen."

SANTA FE

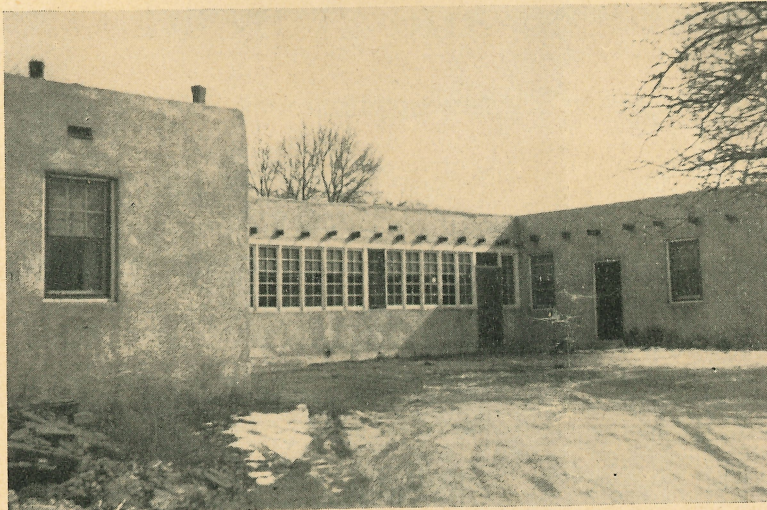
From the Catholic Clinic in Santa Fe, Sister M. Theophane

writes: "The past few weeks have been filled to the brim with work, and incidentally with many

interesting happenings. We are certainly getting a good initiation, with much variety.

"As you can see from our reports, the number of patients is increasing rapidly, much to our satisfaction, of course. In January we made 64 home visits, while our clinic attendance registered 417 visits."

Various groups have been working zealously to provide baby clothing, sheets and other articles for the Clinic. Some of the things have already arrived, and Sister M. Helen writes: "We are so grateful for the large box of baby clothing. It is very nice and we are well pleased, indeed . . ."



A view of the Catholic Clinic,
Santa Fe.

DACCA

"Paper is as scarce as hen's teeth," write our sisters from Dacca. The ordinary stationery seems to be out of the question, so they are writing on the backs

of advertisements, etc.

Practically all the Dacca news concerns the famine situation. Sister M. Pauline, who is in charge of the administration of famine relief in a government

emergency hospital, writes: "I am brewing yeast these days to get vitamin B for my starvation patients. We also sprout grains, etc. All the lawns have been dug up and vegetables planted. And

how the plants shot up in a few days! I'm going to raise tomatoes on the windowsills of our A. R. P. hospital . . .

"We have opened up another 100 bed relief hospital on the Medical School grounds. With the shortage of nurses, everyone is terribly rushed. The situation has been appalling, but it seems to be improving a bit now. It was terrific to see all the men, women and children just wasting away. Now, with the cold weather, pneumonia is on the increase. So many are lying out on the streets at night . . ."

* * *

PATNA

"We are having the tail end of the monsoon at present, and the intervals between showers are long enough to allow the prickly heat to come out again. It is an excellent substitute for a hair shirt! But the garden is profiting by the heat and moisture; the cabbages, cauliflower and tomatoes are simply jumping out of the ground. The compound has improved so much since the nurses' home is finished. We really have a garden now, for we have transplanted many of the palms, ferns and rosebushes from the old cemetery. **Mali** is building a stone garden seat behind the grotto, and the vine seeds are in to make a hedge which will insure some 'purdah' for the nurses. They like their new home very much."



Sister M. Elise (seated) with Sisters M. Jude and Alma Julia (standing left to right) stop to have their picture taken with one of the patients on the verandah of Holy Family Hospital, Rawalpindi. Sister Elise has since gone to Patna, where she is the medical officer in charge of our hospital there.

DURING THE MONTH OF MARCH WE RECOMMEND TO
YOUR PRAYERS THE MISSION INTENTION—THE PRESERVA-
TION OF AFRICA FROM SECTARIANISM.

Weighed in the balance - - -



Unlike our hospital fund Lakshmi's weight is just right. Good food and proper care have helped her become a sturdy little girl.

And *FOUND WANTING*

That's the story of our Holy Family Hospital Fund.

On the scales we've something—

but that something is not enough.

A 200 bed hospital is our aim. It cannot
be reached without **YOUR HELP.**

Won't you give us the proper "balance"
to make that hospital come true?

Dollars, dimes and nickels

Pennies, too, we welcome such,

For by giving *just a little*

YOU CAN HELP US DO SO MUCH!

Mother Anna Dengel
Medical Mission Sisters
8400 Pine Road
Fox Chase, Phila., Pa.

Dear Mother Dengel:

I am happy to be able to send you the
enclosed \$..... to help "balance"
your hospital fund.

Sincerely,

.....